

4. Special Circumstances Child Care Eligibility Determination

Individuals who are unable or unavailable to provide care to children in their care, who are residents of homeless or domestic violence shelters, or who are CPS families or CPS/DDD foster families who need child care as documented in a CPS or foster care case plan are eligible for Child Care Assistance as described in this section.

a. Eligibility and Verification Requirements

i. Block Grant/Unable-Unavailable Child Care

In order to be eligible for Block Grant/Unable-Unavailable Child Care, clients must need Child Care Assistance for one of the reasons described in this section.

a) Unable

Clients who are physically, mentally, or emotionally incapable and are unavailable to provide adequate child care and supervision to children in their care for a portion of a 24 hour day may receive Block Grant/Unable-Unavailable Child Care Assistance if eligibility criteria are met.

- 1) Child Care Assistance shall cover the amount of time the client is unable to care for the child and the amount of time needed for ongoing treatment of the specified condition (as verified by a physician, psychologist, or certified behavioral health specialist).
- 2) Child Care Assistance shall **not** cover intermittent and routine appointments that are not part of an ongoing treatment plan.

b) Unavailable

Clients who are unavailable to provide care to children in their care for a portion of a twenty-four hour day due to participation in an alcohol or drug treatment/rehabilitation program or a required court-ordered community service program may receive Block Grant/Unable-Unavailable Child Care Assistance if eligibility criteria are met.

- 1) Clients participating in an alcohol or drug rehabilitation program are eligible for Child Care Assistance to participate in activities as specified by the drug rehabilitation program.
- 2) Clients participating in a court ordered community service program are eligible for Child Care Assistance to support required community service participation as specified by the court.

c) Homeless/Domestic Violence Shelter Residents

Clients who are residents of a homeless or domestic violence shelter are eligible for Child Care Assistance based on shelter residency, and on verification provided by an authorized representative at the shelter. Child Care Assistance shall cover:

- 1) The days and hours that the client is unavailable to provide care to children in their care due to participation in shelter directed activities as verified by an authorized representative of the shelter; and
- 2) The days and hours that the client is unable to provide care to children in their care due to a physical, mental, or emotional disability as verified by a licensed physician, certified psychologist, or a certified behavioral health specialist.

ii. Block Grant/Protective Services Child Care

In order to be eligible for Block Grant/Protective Services Child Care, families must have CPS involvement, or must be CPS/DDD foster families as described in this section.

- a) Child Care Assistance shall be provided to families requiring assistance as documented in a CPS case plan, or to children who are in the care, custody, and control of the Department, and who need Child Care Assistance as documented in a foster care case plan.
- b) Eligibility for Child Care Assistance under this provision shall be determined by CPS and DDD on a case by case basis (refer to ***Block Grant/Protective Services: Special Processing Instructions*** for additional direction, and specific limitations for DDD foster families).

iii. Verification Requirements

a) Verification of Unable Status

- 1) Clients who are physically, mentally, or emotionally unable to provide adequate child care and supervision to children in their care for a portion of a 24 hour day may be eligible to receive Child Care Assistance.

- 2) A written statement or the completed Verification of Unable/Unavailable Status (CC-225) form from a physician, psychologist, or certified behavioral health specialist shall be requested to verify the need for assistance and must include the following:
 - (a) That the nature of the parent's impairment prohibits the parent from providing adequate care for children in their care;
 - (b) Hours per day child care is needed;
 - (c) Days per week child care is needed;
 - (d) Duration that Child Care Assistance is needed (start and end dates); and
 - (e) Anticipated date of recovery (or date of next medical evaluation for follow up purposes).
- b) Verification of Unavailable Status
 - 1) Clients who are unavailable to provide care to children in their care for a portion of a 24 hour day due to participation in an alcohol or drug treatment/ rehabilitation program, or a court ordered community service program may be eligible for Child Care Assistance.
 - 2) A written statement or the completed Verification of Unable/Unavailable Status (CC-225) form from a treatment program representative, a probation officer, or a court official shall be requested to verify the need for assistance and must include the following:
 - (a) A description of the required activity;
 - (b) Hours per day of the activity;
 - (c) Days per week of the activity;
 - (d) Duration of participation (start and end dates).

c) Homeless/Domestic Violence Shelter Residents

- 1) Clients who are residing in a homeless or domestic violence shelter are eligible for Child Care Assistance based on participation in structured shelter activities as verified by the shelter, or based on the client's inability to provide care to children in their care due to a physical, mental, or emotional disability.
- 2) A written statement or the completed Verification of Shelter Case Plan (CC-044) form from the homeless/domestic violence shelter shall be requested to verify the need for assistance and must include the following:
 - (a) Client residence in the shelter,
 - (b) Hours per day of the shelter directed activity or client inability to care;
 - (c) Days per week of the shelter directed activity or client inability to care;
 - (d) Duration of the participation or need (start and end dates).
- 3) If the client needs child care for shelter directed activities, a shelter representative must provide the written verification as described above.
- 4) If the Verification of Shelter Case Plan (CC-044) indicates that the client is participating in an education/training activity as a requirement of shelter residence, the client is not required to meet the 20 hour work requirement. The authorization shall be based on the need for Child Care Assistance as indicated on the verification.
- 5) If the client needs child care due to a physical, mental, or emotional disability, the written verification described above must be provided by a physician, psychologist, or behavioral health specialist (the Verification of Shelter Case Plan (CC-044) form can still be used, however, it must be completed by one of the health care professionals described in this section and must include all information listed in "2)" above).

iv. Income Eligibility Criteria

a) Block Grant/Unable-Unavailable Child Care

Clients who are unable/unavailable, or who reside in a homeless/domestic violence shelter must meet income requirements to be eligible for Block Grant/Unable-Unavailable Child Care. All countable income for individuals included in the family size will be considered in the income eligibility determination (refer to the *Child Care Assistance Income Eligibility Chart and Fee Schedule* (CC-229) for income maximums and copayment/fee level amounts, and to ***Family Size Determination*** and ***Income Eligibility Criteria*** for information on determining income eligibility).

b) Block Grant/Protective Services Child Care

Income eligibility is **not** considered in determining eligibility for Child Protective Services families and CPS/DDD foster families who have been diagnosed as needing child care services as specified in the CPS case plan. DES authorized foster care children, Tribal CPS Foster Care children, children receiving Child Protective Services, and wards of the court placed in unlicensed, court-approved homes, shall be excluded from income eligibility determination.

v. Eligible Children

a) Block Grant/Unable-Unavailable Child Care

An eligible child must be one of the following:

- 1) The client's natural, step, or adoptive children (verification is not required);
- 2) *Other related children*, such as the client's siblings, nieces, nephews, cousins, or grandchildren residing in the same household (for further instruction on determining allowable other related children, refer to ***Relative*** in the ***Eligible Applicants*** section).

The relationship of the applicant to the other related children must be verified:

- (a) If the family is known to the AZTECS system (and the client is a current or former Cash Assistance participant), verification may be obtained via the AzCCATS *AZTECS Cash Assistance/Potential TCC Inquiry* (CP40) screen (see the following AzCCATS CP40 screen, Table 11 for relationship codes displayed in AZTECS screens and Table 12 for verification requirements).
- (b) If the client is listed as the **PI** (primary informant) in the Cash Assistance case, FAA has already verified relationship for all children coded **IN** the grant (the Specialist shall screen print the AzCCATS CP40 screen and place in the case file).
- (c) If the family is not known to the AZTECS system or if the children in question are not coded **IN** the Cash Assistance grant, the Specialist shall use another method to verify relationship (refer to *Relatives* in the *Eligible Applicants* section for a complete listing of acceptable forms of verification of relationship).

3) Children for whom the client has legal guardianship

Refer to *Legal Guardians* in the *Eligible Applicants* section for further instruction on verification requirements for children in guardianship.

b) Block Grant/Protective Services Child Care

Eligible children are those children identified as needing care by the CPS or DDD Case Manager on the referral to Child Care; no further verification is required.

vi. Availability of the Applicant and the Responsible Person

a) Block Grant/Unable-Unavailable Child Care

The applicant and the other responsible person must be unavailable to meet the child's needs for part of a twenty-four hour day due to an eligible activity or need for services. The availability of the applicant and responsible person will be considered to determine need for services.

b) Block Grant/Protective Services Child Care

1) CPS Referred Families

The CPS Case Manager will determine the authorization amount for the family, and will indicate the specific amount of time per week that child care is needed on the CPS referral (CC-224) form.

2) DDD Foster Families

The Specialist shall determine the need for services based on the unavailability of the foster parent due to an eligible activity or need (refer to *Division of Developmental Disabilities (DDD) Foster Care Cases*, and *Children in Foster Care* for further direction).

TABLE 10:
CASH ASSISTANCE PARTICIPATION CODE DESCRIPTION TABLE

| Cash Assistance Participation Codes | Cash Assistance Participation Code Description |
|--|--|
| BC | Benefit cap child |
| CN | Conversion |
| CO | Contact only; has not yet completed the interview process |
| DE | Disqualified - E & T |
| DF | Disq. fraud or noncoop w/ Cash Assistance |
| DI | Disqualified or excluded from the grant |
| DP | Deemed parent not in grant |
| FC | Foster care/ non household member |
| IN | In the grant |
| OU | Out of the grant |
| SH | Shelter: battered women/children |
| SS | SSI child |
| ST | Step parent (not in grant) |
| UB | Unborn child |
| UM | Unwed minor parent/child |
| TI | Client has reached the 2 year time limit for Cash Assistance eligibility per EMPOWER guidelines. |

Cash Assistance participation codes indicate the status of each individual in the Cash Assistance grant, and can be located on the AzCCATS CP40, AZTECS CAP2, CLPR, and PRIP screens.

TABLE 11:
CASH ASSISTANCE RELATIONSHIP CODE DESCRIPTION TABLE

| Cash Assistance Relationship Codes | Cash Assistance Relationship Code Description (Relationship to the primary informant has been verified by FAA for children coded “IN” the Cash Assistance grant) |
|---|---|
| PI | Primary informant (Cash Assistance applicant) |
| CH | The applicant’s children |
| SP | The applicant’s spouse |
| SC | The applicant’s stepchildren |
| ST | The applicant’s spouse; stepparent to the applicant’s children |
| UB | The applicant’s unborn child |
| GC | The applicant’s grandchildren |
| NN | The applicant’s niece/nephew |
| SB | The applicant’s sibling (sister/brother) |
| PA | The applicant’s parent |
| GR | The applicant’s grandparent |
| OR | Other - related to the applicant |
| FC | Foster child |
| NR | Not related to the applicant |
| AP | Absent parent |
| AS | Alien sponsor to the applicant |
| AU | The applicant’s aunt/uncle |
| CO | The applicant’s cousin (first) |
| EX | The applicant’s ex-spouse |
| NE | Not established at registration |
| SE | Self (the applicant) |

AZTECS relationship codes indicate the relationship of each child in the household to the “primary informant” (or applicant). Relationship to the “primary informant” has already been verified by FAA for any children coded “IN” the Cash Assistance grant; however, relationship is NOT verified for Food Stamp participants. AZTECS relationship codes can be located on the AzCCATS CP40, AZTECS CAP2, CLPR, and PRIP screens.

TABLE 12.a:
ELIGIBLE CHILDREN: ELIGIBILITY AND VERIFICATION REQUIREMENTS

(For Block Grant and Special Circumstances Child Care)

| Eligible Children | Cash Assistance Relationship Codes | Cash Assistance Participation Status | Further Verification Required? |
|---|--|--|---|
| Natural, Step, or Adoptive Children | <ul style="list-style-type: none"> • CH, SC | <ul style="list-style-type: none"> • IN, OU, DI, BC | No; verification of relationship is not required for the applicant's children. |
| Other Related Children (nieces, nephews, grandchildren, siblings, etc.) | <ul style="list-style-type: none"> • NN, GC, SB | <ul style="list-style-type: none"> • IN • OU or DI | <p>No; FAA has already verified relationship.</p> <p>Yes; verification of relationship is required (FAA has <i>not</i> verified).</p> |
| Unrelated Children | <ul style="list-style-type: none"> • NR | <ul style="list-style-type: none"> • OU | Yes; guardianship status must be verified. |
| Related Children who are not listed or displayed in AZTECS | <ul style="list-style-type: none"> • N/A | <ul style="list-style-type: none"> • N/A | Yes; either relationship (when the applicant is an allowable nonparent relative) or a guardianship status must be verified. |

EXHIBIT H:**AzCCATS and AZTECS FIELD LOCATIONS****1. AzCCATS****CP40 SCREEN:**

TERM: XU33 ARIZONA CHILD CARE AUTOMATED TRACKING SYSTEM * DATE: 06/04/97
V6L CP40 AZTECS CASH ASSISTANCE / POTENTIAL TCC INQUIRY TIME: 14:55:18
C

CLIENT-ID 000777777 CASE NUMBER 00006666 REF TRB DIVERSION
AF STATUS CL AF ST DT 06/20/1996 AF END DT 07/31/1996 ← CLOSURE RSN VW

ASGR N POTENTIAL TCC Y TCC ST DT 08/01/1996 TCC END DT 07/31/1998

| NEW CLT TYPE | NAME | CLT TYPE | SSN | ID | SEX | DOB | REL | PAR |
|-----------------|------|-------------|-----------|-----------|-----|-----------|-----|-----|
| - DOLBY, PAT | | P | 987654321 | 000777777 | F | 05/07/195 | PI | IN |
| - DOLBY, KIT | | A | 998765432 | 000777776 | F | 05/10/199 | GC | IN |
| - DOLBY, KAT | | A | 999876543 | 000777775 | F | 05/10/199 | GC | IN |

END OF PRIMARY PROFILE GROUP
Enter-PF13--PF14--PF15--PF16--PF17--PF18--PF19--PF20--PF21--PF22--PF23--PF24--
CP04 AP30 CP13 CP41 PFKEY CP01

Start & end dates of most recent Cash Asst. eligibility

Cash Assistance Participation Status

Relationship to the Primary Informant

2. AZTECS**CAP2 SCREEN:**

CAP2 CASE PROFILE - PAGE 2 060997 10:42
C

CASE NAME: STONE, SAMMY CASE NUMBER: 009999999
ASSIGNED GROUP: N
LAST ACTION: INQUIR CAP1 060997 CASH DIV:

| PROGRAM | BENEFIT | APP | PRORATE | RECEIVED | SIZE | TYPE | STATUS | CERT | THRU/ | REVIEW DUE | CURRENT |
|---------|---------|--------|---------|----------|------|--------|--------|------|-------|------------|---------|
| AF | 080196 | 011697 | 02 | A1 | OPEN | 020797 | 0897 | | | | 0797 |
| FS | 061896 | 011697 | 02 | RE | OPEN | 020797 | 0897 | | | | 0797 |
| MA | 050197 | 032797 | | | OPEN | 032797 | 0897 | | | | 0797 |

| CLIENT | SSN | DOB | REL | SEX | AF FS | MA | CAT | S TY | SR | AF FS |
|---------------|-----------|--------|-----|-----|-------|----|-----|------|----|-------|
| STONE, SAMMY | 999088703 | 072474 | PI | F | DI | IN | AF | | | RM CU |
| STONE, SELINA | 999330369 | 072093 | GC | F | IN | OU | | | | AG AG |
| STONE, JOSHUA | 999475816 | 112094 | GC | M | IN | OU | | | | AG AG |

CASH ASSISTANCE PARTICIPATION E RF WORK- REG
MA CAT S TY SR AF FS

CASE PROFILE REPORT REQUIRED? (Y/N): NEXT-->

Cash Assistance Participation Status

Relationship to the Primary Informant

3. AZTECS**CLPR SCREEN:**

CLPR CLIENT PROFILE 060297 14:19

NAME/ALIASES: STONE, SAMMY
CLIENT ID: 0002228968
S.S.N.: 999 08 8703 VR: R
BIRTHDATE: 12241974
SEX: F TLAP: 1195-1000
ALERT: S2 FBCEP: 1195-1000

AHCCCS ID: TYPE: PT CASE PART PART
PGM CAT S Q CD NUMBER START END STAT CODE UNIT CSLD REL CLO ALERT

| | | | | | | | | | | | |
|----|----|----|---------|---------|--------|----|-----|-----|----|----|----|
| 01 | AF | DI | 0999999 | 050197 | | OP | 130 | C | 20 | PI | |
| 02 | AF | IN | 0999999 | 080196 | 043097 | OP | 130 | C | 20 | PI | WR |
| 03 | FS | DF | 0999999 | 050197 | | OP | 130 | C | 20 | PI | |
| 04 | FS | IN | 0999999 | 061896 | 043097 | OP | 130 | C | 20 | PI | PR |
| 05 | MA | AF | IN | 0999999 | 050197 | | OP | 130 | C | 20 | PI |
| 07 | AF | IN | 0999999 | 070996 | 070996 | DE | 130 | C | 20 | PI | EI |
| 08 | AF | IN | 0999999 | 06189 | 061896 | DE | 130 | C | 20 | PI | VW |
| 09 | MA | IN | 0999999 | 060196 | 061596 | DE | 130 | C | 20 | PI | |
| 10 | AF | IN | 0999999 | 060396 | 060396 | DE | 130 | C | 20 | PI | PI |

TO INQUIRE FOR SPECIFIC PGM INVOLVEMENT, ENTER ITS SEQUENCE NUMBER:

Relationship to the Primary Informant

Cash Assistance Participation Status

4. AZTECS

PRIP SCREEN:

Relationship to the Primary Informant

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* INFO *   END OF PERSON LIST
PRIP       PROGRAM INVOLVEMENT PERSON LIST      082597 13:43

CASE NUMBER: 00999999          SITE
PGM: AF      OFF.: 999        ALERT:
START: 050197  UNIT: 9        DEN/CLO:
END:         CSLD: 99        STATUS: OP

REL PART CT START END S Q TY CLIENT NAME   BIRTHDT SEX  S.S.N.
0  PI  IN  050197          STONE, SAMMY   07241974  F  999088703
0  CH  IN  050197          STONE, SELINA 07201995  F  999330369
0  CH  IN  050197          STONE, JOSHUA 11201994  M  999475816
  
```

Cash Assistance Participation Status

b. Access to Child Care

i. Application for Child Care Assistance

Clients requesting Child Care Assistance who are unable/unavailable to provide adequate child care and supervision for a portion of a twenty-four hour day or who are residing in a homeless/domestic violence shelter and are participating in structured shelter activities must complete and sign the *Application and Request for Child Care Assistance* (CC-001) form to access Child Care Assistance (refer to *Application and Interview Process* in the *Access to Child Care Assistance* section for further discussion).

ii. Referral for Child Care Assistance

- a) CPS families and CPS/DDD foster families must be referred to CCA for Child Care Assistance.
- b) Eligibility for Block Grant/Protective Services Child Care (CPS Child Care Assistance) shall be determined by the Administration for Children, Youth and Families CPS Case Manager, or by the CPS/DDD foster care case manager (however there are certain limitations for DDD foster children; see *Block Grant/Protective Services Child Care: Special Processing Instructions* for further direction).

- c) The Child Care Specialist shall authorize Child Care Assistance based on the written CPS Child Care Referral (CC-224) form, or based on a written request from a DDD Case Manager specifying pertinent client information needed for the authorization of services (refer to ***Block Grant/Protective Services Child Care: Special Processing Instructions*** for eligibility and processing instructions).

c. Interview Requirements

i. Block Grant/Unable-Unavailable Child Care

Applicants who are unable/unavailable to provide care to children in their care for a portion of a 24 hour day, or applicants who are residing in a homeless/domestic violence shelter and are participating in structured shelter activities are required to complete the interview process (refer to ***Application and Interview Process*** in the ***Access to Child Care Services*** section for further direction).

ii. Block Grant/Protective Services Child Care

Block Grant/Protective Services Child Care is based solely upon the receipt of an DCYF referral from a CPS Case Manager, or a DDD Foster Care Case Manager. Families who are referred to CCA from CPS or DDD, and who meet the requirements for Block Grant/Protective Services as described in this section, are not required to be interviewed (refer to ***Block Grant/Protective Services Child Care: Special Processing Instructions*** for more detailed information regarding eligibility/verification requirements, and procedural guidelines for CPS referred families, and CPS/DDD foster care families).

d. Family Size Determination

i. Block Grant/Unable-Unavailable Child Care

The Specialist shall make a family size determination to determine income eligibility for families who are unable/unavailable to provide child care to children in their care for a portion of a 24 hour day (refer to ***Family Size Determination*** in the ***Eligibility Determination Process*** section for further direction on determining family size).

ii. Block Grant/Protective Services Child Care

The Specialist shall not make a family size determination for CPS referred families and CPS/DDD foster families, as the Block Grant/Protective Services program does **NOT** require an income eligibility determination.

e. Copayment/Fee Level Assignment

i. Block Grant/Unable-Unavailable Child Care

The Specialist shall determine the fee level and assign the required copayment to the Block Grant family (refer to the ***Copayment/Fee Level Assignment*** and the *Child Care Assistance Income Eligibility Chart and Fee Schedule* (CC-229) for further direction when determining copayment/fee level).

- a) The DES assigned daily copayment is the minimum amount that the families are required to pay.
- b) Block Grant/Unable-Unavailable families are also responsible for any provider charges above the DES reimbursement rate.
- c) The Specialist shall also explain to the client that any additional charges billed to the client above what DES pays are the responsibility of the client.

ii. Block Grant/Protective Services Child Care

- a) There is no DES required copayment for Block Grant/Protective Services Child Care when the family is referred directly to CCA from CPS via the CPS Referral form (CC-224).
- b) In rare situations, the CPS Case Manager will request that the CPS client pay a copayment for child care. In this situation, the CPS Case Manager will require the family to submit an application for services so that a family size determination and income calculation may be completed (CPS will notify CCA in these rare instances).
- c) Block Grant/Protective Services families are responsible for any provider charges above the DES reimbursement rate (as are all other families).

I f. Priority Waiting List Procedures

i. Block Grant/Unable-Unavailable Child Care

- a) DES receives a fixed amount of federal funds annually for Block Grant/Unable-Unavailable Child Care. There are not sufficient funds at all times to provide Child Care Assistance to all families who are eligible for Block Grant/Unable-Unavailable Child Care.

- 1) When there are not sufficient funds available to provide services to all Block Grant/Unable-Unavailable Child Care clients, new applicants shall be placed on a Priority Waiting List until sufficient funds become available.
 - 2) Clients placed on the Priority Waiting List shall not be authorized for Block Grant/Unable-Unavailable Child Care until Central Office notifies the local office that funds are available.
- b) When the Priority Waiting List is in Effect
- 1) When the Priority Waiting List is in effect per direction from CCA Central Office, new applicants determined eligible for the Block Grant/Unable-Unavailable category of Child Care Assistance shall be placed on the Priority Waiting List before Child Care Assistance may be accessed.
 - 2) Block Grant Unable/Unavailable families will be authorized under Block Grant Unable/Unavailable Child Care when the Specialist is notified per Central Office that funds have become available and the family may be converted.
- c) When the Priority Waiting List is not in Effect

When the Priority Waiting List is not in effect per direction from CCA Central Office, new applicants determined eligible for the Block Grant/Unable-Unavailable category of Child Care Assistance may access the program immediately (if all other eligibility criteria are met).

ii. Block Grant/Protective Services Child Care

CPS referred families and CPS/DDD foster families who are eligible for Block Grant/Protective Services Child Care shall **not** be placed on the Priority Waiting List at **any** time. The Specialist shall authorize assistance immediately upon receipt of the referral.

g. Block Grant/Protective Services Child Care: Special Processing Instructions

i. Block Grant/ Protective Services Child Care Eligibility Determination

- a)** Eligibility for Block Grant/Protective Services Child Care for CPS related families shall be determined by the Administration for Children, Youth and Families CPS Case Manager on a case by case basis. The Child Care Specialist shall authorize Child Care Assistance according to the written referral form (*CPS Child Care Referral* [CC-224] forms) completed by the CPS Case Manager (refer to *CPS Referral Process* below).
- b)** Eligibility for Block Grant/Protective Services Child Care Assistance for DDD foster families shall be determined by the Division of Developmental Disabilities Case Manager on a case by case basis. The Child Care Specialist shall authorize Child Care Assistance based on a written request from the DDD Case Manager (see *Division of Developmental Disabilities (DD) Foster Care Cases* for additional limitations for DDD Foster Care Cases).

ii. Income Eligibility Requirements

There are no income eligibility requirements for Block Grant/Protective Services Child Care. Eligibility is without regard to income, per the request from DCYF/CPS, or DDD.

iii. Eligible Children

Eligible children are specifically identified and referred to CCA for Child Care Assistance by the CPS, Tribal CPS, or DDD Case Manager, and are one of the following:

- a)** Children receiving Child Protective Services (CPS);
- b)** DES authorized foster children (CPS or DDD);
- c)** Tribal CPS foster children; and
- d)** Court wards placed in unlicensed, court approved homes.

iv. CPS Referral Process

a) Responsibilities of the CPS Case Manager

The CPS Case Manager shall:

- 1) Complete the CPS Child Care Referral (CC-224) form to request Child Care Assistance from the local child care office. Child Care Assistance may be authorized by the Child Care Specialist only.
 - (a) If there is an urgent need, the CPS Case Manager will contact the local child care office and indicate the urgent need.
 - (b) The Child Care Specialist may authorize Child Care Assistance by phone contact if the provider is selected prior to the receipt of the CPS Child Care Referral (CC-224) form.
 - (c) A completed CPS Child Care Referral (CC-224) form shall be sent to the Child Care Specialist within two working days of the phone request. The case file will be documented accordingly.
- 2) Inform the child care provider of the special needs and behavioral problems of the child.
- 3) Inform the family of the approval/authorization of Child Care Assistance and number of hours and days authorized.
- 4) Submit a new CPS Child Care Referral (CC-224) form at the time of the CPS case closure indicating the date the CPS case will be closed and the effective stop date of Child Care Assistance. The form will be submitted to CCA at least 10 days prior to the effective stop date.
- 5) Submit a new CPS Child Care Referral (CC-224) form to update or change case file information and to request a change of provider.
- 6) Provide information and changes in client/provider information to the Child Care Specialist on an ongoing basis in order to keep the child care case file current.

NOTE: The same requirements apply to DDD Case Managers requesting assistance for DDD foster families, although the CPS Child Care Referral (CC-224) forms are not used.

b) Responsibilities of the Child Care Specialist

The Child Care Specialist shall:

- 1)** Review the CPS Child Care Referral (CC-224) form upon receipt and contact the CPS Case Manager within two working days if necessary data is missing or unclear.
 - (a)** The form shall be returned to CPS for missing signatures or if information is unable to be obtained by phone.
 - (b)** A copy of the returned CPS Child Care Referral (CC-224) form shall be maintained in the case record, with documentation of the date returned and information needed to complete the Child Care Assistance authorization.
- 2)** Document information obtained from the CPS Case Manager on the CPS Child Care Referral (CC-224) form when the CPS Case Manager has initiated assistance by phone due to immediate needs and advise that the signed, completed CPS Child Care Referral (CC-224) form must be sent to Child Care within two working days. Assistance may be authorized prior to the receipt of the CPS Child Care Referral (CC-224) form if required due to the immediate needs of the family.
- 3)** If the Specialist does not receive a completed CPS Child Care Referral (CC-224) form within 5 working days of the phone request, the Specialist shall:
 - (a)** Contact the CPS Case Manager and request that the CPS Case Manager fax a copy of the referral form to the Child Care Specialist within 2 working days; and
 - (b)** Elevate the issue to the Child Care Supervisor for resolution with CPS if the referral is not received within 2 working days.
- 4)** Assist the family in locating an appropriate provider if the CPS Case Manager requests assistance or has not indicated a provider on the CPS Child Care Referral (CC-224).
- 5)** Contact the provider to authorize assistance within one working day of receipt of the completed referral form.
- 6)** Send a Child Care Approval Notice (CC-501) to the family or to the foster parent (whoever has physical custody of the child). ***At NO time shall the Specialist provide information to non-custodial individuals.***

- 7) Send the CPS Case Manager a copy of the approval notice for each child and provider within five working days of receiving the completed CPS Child Care Referral (CC-224) form or a change in provider requested by the CPS client or foster parent.
- 8) Close Block Grant/Protective Services Child Care (CPS Child Care Assistance) with appropriate negative action notification on the date specified by the CPS Case Manager (refer to *Negative Actions* section for further direction).

v. Open CPS Case

The CPS Case Manager will assess the family situation and request CPS child care only if one of the following circumstances exists:

- a) The case has been opened for CPS investigation and referred for ongoing CPS assistance (the child may either be living with his/her natural family, in a court-approved non-licensed placement or in licensed foster care.)
- b) Child care may be requested for a maximum of six months; if the ongoing CPS case is closed during the 6-month period, Child Care Assistance will automatically expire after the maximum 6 months or a shorter period, as specified by the CPS Case Manager on the CPS Child Care Referral (CC-224) form.
- c) Child Care Assistance may be extended upon receipt of a new CPS Child Care Referral (CC-224) form.

vi. CPS Case Closed at Intake

Clients whose CPS cases have been closed at intake after being investigated are eligible for Child Care Assistance as outlined below:

- a) The CPS case has been opened with a CPS report for investigation, entered on the CPSCR with a disposition of “investigated” and closed at intake, and CPS Child Care is a specific service cited in the case plan prior to CPS case closure.
- b) Child care for families with cases closed at intake may be requested by the CPS Case Manager for a maximum of six months or for a shorter period of time as specified on the CPS Child Care Referral (CC-224).
- c) A new CPS report and investigation is required for each subsequent six month period of Block Grant/Protective Services Child Care (CPS Child Care Assistance) on cases closed at intake.
- d) A third CPS child care referral within a 24 month time period for a CPS case closed at intake requires a memo of explanation, approved and signed by the CPS Program Manager or Designee. The memo of explanation shall be forwarded with the completed CPS Child Care Referral (CC-224) form to the local child care office.

vii. Tribal CPS/Foster Care Cases

Children who meet the criteria for Block Grant/Protective Services Child Care as outlined in this section, but who are NOT referred through DCYF/CPS because they are under the jurisdiction of Tribal authority, shall be authorized for assistance if eligibility criteria are met.

- a) The CPS Child Care Referral (CC-224) form is not required in these situations since DCYF/CPS will not be handling the CPS/foster care case.
- b) The Child Care Specialist shall contact the Tribal CPS or Foster Care Case Manager to verify eligibility for assistance and obtain written verification for the case file (review the CPS Child Care Referral [CC-224] form) to determine which information needs to be obtained in writing).

- c) The same parameters apply when determining eligibility and authorizing assistance for Tribal CPS/Foster Care as for DCYF/CPS cases (with the exception that they will NOT be referred via the form used by DCYF- CPS Child Care Referral [CC-224] form).

viii. Division of Developmental Disabilities (DDD) Foster Care Cases

Children who meet the criteria for Block Grant/Protective Services Child Care as outlined in this section, but who are NOT referred through DCYF/CPS because they are under the jurisdiction of the DES Division of Developmental Disabilities shall be authorized for Child Care Assistance if eligibility criteria are met.

- a) The CPS Child Care Referral (CC-224) form is not required in these cases since the DCYF/CPS will not be handling the CPS/foster care case.
- b) The Child Care Specialist shall contact the DDD/foster care Case Manager to verify eligibility for assistance and obtain written verification for the case file.
- c) Refer to the CPS Child Care Referral (CC-224) form to determine which information needs to be obtained from the DDD Case Manager (the same basic items are needed for a DDD foster child as for a CPS foster child).
- d) The same parameters apply when determining eligibility and authorizing assistance for DDD/foster care children as for DCYF/CPS foster children (with the exception that DDD/Foster care children will NOT be referred via the CPS Child Care Referral (CC-224) form, and assistance will **NOT BE** approved for socialization. Refer to ***Children in Foster Care*** below for further direction regarding allowable activities/needs for Child Care Assistance for DDD foster children).

ix. Children in Foster Care

Children in foster care in need of child care according to the CPS or DDD case plan are eligible for Block Grant/Protective Services Child Care as outlined below:

a) Foster Children and Wards of the Court

Foster children, wards of the court, children in non-licensed, Tribal approved placement, and children in out-of-home placement placed with non-licensed court-approved substitute caregivers may be authorized to receive Child Care Assistance without regard to income in the following circumstances:

- 1) Foster parents, including non-licensed, court-approved substitute caregivers who are working or in training, employed, self-employed or participating in training, high school, vocational training, or the equivalent, and undergraduate school.
- 2) Foster parents or non-licensed, court-approved caregivers who are involved in DES-approved (or Tribal Social Services approved) staffings, review board hearings, and agency-sponsored meetings and task forces. Child care shall be requested and authorized only for the time necessary for the foster parent to attend these specific activities.
- 3) The foster child requires socialization and/or specific skills development. The foster child must be in need of developmental/socialization enhancement in any of the three major developmental areas; cognitive, social, or psychomotor. Specific examples documenting the need and expected benefit shall be cited the CPS Case Plan (PS-035B).

NOTE: DDD foster children are *not* eligible for Block Grant/Protective Services Child Care (CPS Child Care Assistance) for socialization as described above.

- 4) Use of child care shall be documented in the child's CPS or DDD case file and foster home licensing record. The CPS or DDD Case Manager making the referral is responsible for notifying all other appropriate service team members regarding the child care authorization.
- 5) The name, address, and other pertinent information about the foster parents shall be documented in the child's CPS or DDD case file and foster home licensing record. The CPS or DDD case manager making the referral is responsible for notifying all other appropriate service team members of the child care authorization.

- 6) Child Care Assistance for Tribal Council-approved non-licensed caregivers shall be requested and authorized based on the same guidelines as stated in items (a) through (e) above. The Tribal Council will make referrals without the use of the CPS Child Care Referral (CC-224) form.
- b) Child Care Assistance may be allowable for foster parents or court-approved, non-licensed substitute caregivers who require emergency services for foster children in care when the following situations arise:
 - 1) Death;
 - 2) Medical emergency;
 - 3) Family crisis; or
 - 4) Personal crisis.
 - 5) The request may not exceed thirty days within a 12-month period without the approval of the Program Manager or Designee.
- c) Foster parents or relative placement parents are required to take one foster child to DES (DCYF/DDD) approved activities, and require child care for the remaining foster children in their care.
- d) Child Care Assistance for Foster Parents' or Relative Placement Parents' Own Children

If foster care parents or relative placement parents are applying for Child Care Assistance for their own children so they may work, attend school, etc., the procedures below apply:

- 1) The parents must meet both the income and programmatic eligibility requirements for Child Care Assistance; services for the foster parents' own children shall **not** be authorized under the Block Grant/Protective Services Program.
- 2) The parent must apply for Child Care Assistance through the standard child care intake process in the district.
- 3) The foster care reimbursements received for foster children shall not be included as income in determining eligibility for the foster parents' own children.

- 4) The foster child or relative placement child shall not be included in the family size determination.
- 5) The Specialist shall authorize services for the foster parents' own child under the appropriate program (refer to the ***Program Specific Eligibility Determinations*** for more information on the specific requirements for each program).
- 6) A foster parent shall not be a DES certified child care home provider.
- 7) The Child Care Specialist will notify the foster care case worker when the authorization is made.

x. Court Wards In out of State Placement

Block Grant/Protective Services Child Care through the Child Care Administration authorization process is only available to children residing in Arizona. The CPS Case Manager shall review CPS district policies and procedures for providing child care for children in the custody of DES who are placed with an out of state caregiver.

xi. Authorization of Block Grant/Protective Services Child Care Assistance

- a) The Child Care Specialist shall authorize Block Grant/Protective Services Child Care Assistance when the completed *CPS Child Care Referral* (CC-224) form and memo of explanation (if appropriate), or other written request from the Tribal CPS, or DDD Case Manager is received and the child care provider has been identified.
- b) A memo of explanation from the CPS Program Manager or Designee must accompany the *CPS Child Care Referral* (CC-224) form after 24 months of Child Care Assistance has been approved for CPS cases that are closed at intake; a memo of explanation is **not** required for ongoing CPS cases.
- c) Children in out-of-home placement, in licensed foster care, in non-licensed Tribal approved placement, or in the care of a non-licensed, court-approved substitute caretaker shall **not** be assigned a DES copayment on the *AzCCATS Household Eligibility Add/Update* (CP21) screen.
- d) CPS children in the care of their natural or adoptive parents shall not be assigned a DES required copayment unless otherwise specified by the CPS or DDD Case Manager.
- e) Services will be authorized for up to a maximum of 23 full and part day units per month per provider. The service authorization will be based on the request of the CPS or DDD Case Manager.

- f) Authorization for Child Care Assistance shall be completed within one working day by the Child Care Specialist upon receipt of the completed CPS Child Care Referral (CC-224) form or written verification from Tribal Social Assistance, and identification of the child care provider.

xii. Dates of Eligibility

The “eligible start date” is the first date child care is needed as indicated on the CPS Child Care Referral (CC-224) form. The Specialist shall enter the:

- a) Date the CPS Specialist indicates on the ***Date Form Completed*** area of the CPS Child Care Referral (CC-224) referral in the ***Request/Application Received Date*** field on the AzCCATS *Primary Address and Request/Application Processing* (AP10) screen (refer to ***Completion of the AP10 screen*** in the ***Application Tracking*** section for information on how to process late referrals).
- b) “Eligible start date” in the ***Eligible Start Date*** field on the AzCCATS *Household Eligibility Add/Update* (CP21) screen.

xiii. Dates of Authorization

- a) The authorization “start date” is the first date the client needs services to begin based on the referral received from the CPS or DDD Case Manager.
- b) The authorization “start date” shall not precede the “eligible start date” and the “fee level start date” on the AzCCATS *Household Eligibility Add/Update* (CP21) screen. The authorization “start date” shall be entered on the AzCCATS *Purchase Service Add/Update* (CP08) screen.

xiv. Setting the Review Date

The review date shall always be set on a calendar month end date at six month intervals (or less, as specified by the CPS or DDD Case Manager) from the “eligible start date”.

xv. Duration of Assistance

- a) Services will be authorized for up to a maximum of 6 months at a time based on the receipt of a referral from the CPS or DDD Case Manager.
- b) The “end date” entered on the *Purchase Service Add/Update* (CP08) screen will be no later than six months from the date the referral was received by the Department.
- c) Block Grant/Protective Services Child Care families will remain eligible for Child Care Assistance for as long as they continue to meet eligibility criteria, and continue to be referred to CCA for Child Care Assistance by the CPS or DDD Case Manager as described in this section.

xvi. Unit Authorization

The Child Care Specialist will authorize child care that is related to the client’s need based on the CPS referral. Child Care Assistance shall be authorized for the period of time requested via the *CPS Child Care Referral* (CC-224) forms.

xvii. AzCCATS Service Codes

- a) The service eligibility code

The service eligibility code for Block Grant/Protective Services Child Care is **BP** and shall be entered prior to authorization of Child Care Assistance in the following screens:

- 1) ***Household Elig*** field on the *AzCCATS Household Eligibility Add/Update* (CP21) screen;
- 2) ***Svc Elig*** field on the *AzCCATS Purchase Service Add/Update* (CP08) screen.

b) The budget source code

The budget source code for the Block Grant Child Care program is **B** and shall be entered in the ***Bud Src*** field on the AzCCATS *Purchase Service Add/Update* (CP08) screen prior to authorization of Block Grant Child Care.

xviii. Expiration of the CPS Referral

- a) The Child Care Specialist shall send notification to the CPS supervisor and to the child care client (the child care client is either the natural parent or the foster parent with whom the child resides) where applicable, thirty days prior to the expiration date of Child Care Assistance. The notice shall indicate the date Block Grant/Protective Services Child Care will be terminated.

Note: The Specialist shall **NOT** send notification of child care eligibility to the natural parent when the child resides with a foster parent.

- b) The CPS supervisor shall ensure that the current CPS Case Manager receives the notice, including when a case has been transferred (The need for Child Care Assistance is reviewed during the CPS case plan staffing. If a continued need for Child Care Assistance is documented, it shall continue to be cited as a service in the case plan).
- c) Child Care Assistance will be terminated at the time of redetermination (or the shorter period as specified by the CPS Case Manager) if the CPS case is closed or the CPS Child Care Referral (CC-224) form is not received.
- d) At least 10 days prior to the termination of Block Grant/Protective Services Child Care, the Child Care Specialist will provide the client with 10 day negative action notification via the Child Care Notice Of Action (CC-303 or CC-502) at **NO TIME** shall notification/authorization information be sent to non-custodial individuals.
- e) If the client responds to the Notice of Action (CC-303 or CC-502) and indicates participation in a continued eligible activity/need for services, the Specialist shall request application and verification of continued eligible activity/need for services by sending the Information Request/Notice of Closure (CC-500) to the client. The Specialist shall:
- 1) Redetermine eligibility for other child care programs if verification is received and convert the case as appropriate; and

- 2) End eligibility for Block Grant/Protective Services Child Care by entering an end date and end reason on the AzCCATS CP21 screen if the client does not submit the requested verification.

h. Approval of Child Care Assistance

i. Block Grant/Unable-Unavailable Child Care

- a) The Specialist shall approve Block Grant Child Care when sufficient funds are available and the family has met and verified all eligibility criteria for the Block Grant/Unable-Unavailable Child Care program.
- b) The Specialist shall notify the client of Child Care Assistance approval via the Approval Notice (CC-501) notice to be obtained through the AzCCATS Bank of Notices (refer to **Bank of Notices** for further direction on the use of automated notices, and to **Child Care Assistance Approval** for direction on the approval process).

ii. Block Grant/Protective Services Child Care

- a) The Specialist shall approve Block Grant/Protective Services Child Care after receipt of the CPS referral (CPS Child Care Referral [CC-224]) form from the CPS Case Manager or a SYSM or written referral from the DDD Case Manager, after determining the client meets other eligibility criteria, and after the client has reported a provider selection (if the CPS or DDD Case Manager has not indicated the selected provider on the referral form).
- b) The Specialist shall notify the CPS or CPS/DDD foster care family via the Approval Notice (CC-501) to be obtained through the AzCCATS Bank of Notices (refer to **Bank of Notices** for further direction on accessing and sending automated notices).
- c) If the family is ineligible for Block Grant/Unable-Unavailable or Block Grant/Protective Services Child Care, the Specialist shall explore eligibility for other programs.

i. Authorization of Child Care Assistance

i. Block Grant/Unable-Unavailable Child Care

a) Eligible Start Date

The “eligible start date” is the date of application for Child Care Assistance; the Specialist shall enter this date in the **eligible start date** field in the AzCCATS *Household Eligibility Add/Update* (CP21) screen.

b) Dates of Authorization

- 1) The authorization “start date” is the first date the client needs services to begin based on participation in an eligible activity.
- 2) The authorization “start date” shall not precede the “eligible start date” and the “fee level start date” on the *Household Eligibility Add/Update* (CP21) screen; the authorization “start date” shall be entered on the *AzCCATS Purchase Service Add/Update* (CP08) screen.

c) Setting the Review Date

The Specialist shall set the review date on a calendar month end date no more than six months from the date the application was received by the Department (refer to ***Case Review Process*** later in this section for further direction regarding the review process).

- 1) Six months is the maximum amount of time that assistance can be authorized between reviews.
- 2) If the client’s circumstances are expected to change earlier than within 6 months, the Specialist shall set the review date to coincide with the date of anticipated change in eligibility.

d) Duration of Assistance

Block Grant/Unable-Unavailable Child Care clients will continue to be eligible for Block Grant Child Care as long as they continue to meet all eligibility criteria, and as long as they continue to cooperate to redetermine eligibility as requested.

e) Unit Authorization

The Child Care Specialist shall calculate the child care authorization amount based on the client’s verified eligible need (refer to ***Units Calculation*** in the ***Authorization of Services*** section for direction on calculating the service authorization amount). The Specialist shall calculate the service authorization based on:

- 1) The actual days and hours of participation in the eligible activity; and
- 2) Travel time to and from the eligible activity.
- 3) The actual days and hour that the client is unable to care for their own children per a licensed physician, psychologist, or board certified behavioral health specialist.

- 4) In a 2 parent family, the Specialist shall calculate the service authorization amount based on the time neither parent is available to care for the child based on an eligible activity or need.
- 5) For school-aged children, the Specialist shall limit the service authorization to cover the need for before and after school care only and for times when school is not in session.

f) AzCCATS Service Codes

1) The service eligibility code

The service eligibility code for the Block Grant/Unable-Unavailable Child Care is **BU** and shall be entered prior to authorization of Child Care Assistance in the following screens:

(a) ***Household Elig*** field on the AzCCATS *Household Eligibility Add/Update* (CP21) screen;

(b) ***Svc Elig*** field on the AzCCATS *Purchase Service Add/Update* (CP08) screen.

2) The budget source code

The budget source code for the Block Grant Child Care program is **B** and shall be entered in the ***Bud Src*** field on the AzCCATS *Purchase Service Add/Update* (CP08) screen prior to authorization of Block Grant Child Care.

ii. Block Grant/Protective Services Child Care

Refer to ***Block Grant/Protective Services Child Care: Special Processing Instructions*** in this section for more instruction on authorizing child care services for Block Grant/Protective Services Child Care.

j. Changes

i. Changes in Eligible Activity/Need for Service

- a)** When the Block Grant/Unable-Unavailable client or Block Grant/Teen Parent and/or the other responsible adult residing in the home report a change in activity/need, the Specialist shall:
- 1)** Request verification from the client of continued eligible activity/need for service by sending the General Information Request/Notice of Closure (CC-500);
 - 2)** Continue the authorization under the **BU** or **BT** (respectively) eligibility code if the client submits all required information and continues to be eligible for Block Grant/Unable-Unavailable or Block Grant/Teen Parent Child Care;
 - 3)** Convert the case to the appropriate program if the client meets the eligibility criteria for another child care program;
 - 4)** If the client does not meet the criteria for any child care program, the Specialist shall:
 - (a)** Notify the client of ineligibility by sending the Notice of Action (CC-502); and
 - (b)** Ensure that the authorization shall stop no later than the date displayed in the Notice of Action (CC-502).
- b)** When the Block Grant/Unable-Unavailable client receiving services for residence in a homeless/domestic violence shelter no longer resides in the shelter and the shelter case plan included coverage for a physical/ mental/ emotional disability and the medical disability still exists, the Specialist shall verify the medical status with a physician, psychologist, or certified behavioral health specialist using the Verification of Unable/Unavailable Status (CC-225) form (as described in **Verification of Unable Status** in the **Verification Requirements** section earlier in this section) when the family leaves the shelter.

ii. Changes in Household Composition

When the **Block Grant/Unable-Unavailable** client reports that:

- a)** The other responsible adult has returned to the home, the Specialist shall:

- 1) Verify that the applicant *and* the other responsible person have an eligible activity or need for services;
 - 2) Authorize services for the period of time that neither parent is available to care for the child due to an eligible activity or need for services;
 - 3) If one parent is available to provide care to the child, Child Care Assistance shall be terminated (refer to ***Negative Actions*** section for further discussion).
- b) Another dependent child has returned to the household, the Specialist shall determine eligibility for Block Grant Child Care for the new child (refer to ***Eligible Children*** above).

NOTE: Refer to the ***Changes*** section later in this manual for a complete discussion regarding how to process different types of changes.

k. Case Review Process

i. Block Grant/Unable-Unavailable Child Care

- a) The Specialist shall review Block Grant/Unable-Unavailable Child Care families at least every six months, with the exception of clients who are residing in homeless/domestic violence shelters. The Specialist shall review these clients every three months.
- b) The Child Care Specialist shall verify eligibility as outlined in this section and shall continue the service authorization after:
 - 1) The client provides a completed, signed and dated review application and all required verification as requested by CCA;
 - 2) Verifying income, continued participation in an eligible activity/need for the most recent calendar month for all adults included in family size, and any other pertinent factors.

ii. Block Grant/Protective Services Child Care

- a) Block Grant/Protective Services Child Care clients are not required to complete the review process. Authorization is based solely on the service request included in a new *CPS Child Care Referral* (CC-224) form.
- b) The Specialist shall contact the CPS or DDD Case Manager as necessary to resolve any questions or concerns regarding the ongoing need for Child Care Assistance.

l. Conversion to Other Programs

At closure and/or termination of Special Circumstances Child Care, the Specialist shall send the client the appropriate notice from the Bank of Notices (refer to ***Bank of Notices*** section for further instruction) indicating the end date of eligibility. If appropriate, the case will be converted to another child care program.

m. Termination of Child Care Assistance

Special Circumstances Child Care shall be terminated if:

- i. The client has reported that they no longer have an eligible activity/need for services;
- ii. The client is no longer income eligible for Block Grant/Unable-Unavailable Child Care;
- iii. The Block Grant/Unable-Unavailable client fails to cooperate with the review process;
- iv. The CPS or DDD referral expires and there is no ongoing need for assistance;
- v. The client is ineligible for any child care program.

NOTE: Refer to ***Negative Actions*** for a complete list of closure reasons and to ***AzCCATS Bank of Notices Instructions*** for more instruction on written notification requirements.

n. Notification Requirements

- i. The Specialist shall notify the Special Circumstances Child Care client of any changes to the child care authorization (refer to ***Bank of Notices*** for more instructions on the AzCCATS notification process and ***Negative Actions*** for further instruction on CCA notification policy requirements).
- ii. The Specialist shall send the client the appropriate notice from the AzCCATS Bank of Notices indicating the end date of eligibility, and reason for ineligibility (refer to ***Bank of Notices*** for further instruction).

I. Copayment/Fee Level Assignment

Federal Regulations require that certain families contribute toward the cost of child care. Applicants will be assigned a copayment based on requirements by each program. The copayment/fee level is determined based on family size and income. The DES assigned daily copayment is the minimum amount that families are required to pay.

1. Copayment/Fee Level Requirement

The copayment/fee level is required for some child care programs, and not for others, as indicated below. It is ***not*** necessary to determine the copayment/fee level for programs that do not require a DES required copayment.

a. Child Care Categories *with* a DES Required Copayment

- i.** Transitional Child Care
- ii.** Block Grant/Work
- iii.** Block Grant/Teen Parents
- iv.** Block Grant/Unable-Unavailable

b. Child Care Categories *without* a DES Required Copayment

- i.** Jobs Child Care
- ii.** AFDC Employed Child Care
- iii.** Block Grant/Protective Services

2. Charges in Excess of the Copayment

The Specialist shall inform the client that payment of the DES assigned copayment does not relieve the client of the responsibility of paying additional charges assigned by the provider.

- a.** The family may choose a child care provider whose charges exceed the Department's reimbursement ceiling.
- b.** If the family uses more Child Care Assistance than authorized, this extra use may be charged to the family at the provider's regular rate.

- c. The provider and the family are required to have a written agreement that outlines all excess charges and that clarifies that the charges will not be reported to CCA for nonpayment. The Child Care Specialist shall advise the client to use and shall provide the client with a copy of the Provider/Parent/Guardian's Agreement for Child Care Charges (CC-208) form.

3. Copayment/Fee Level Determination

The Child Care Specialist shall determine fee level assignment for the family based on family size and income for the child care categories with a DES required copayment. The eligible family's income will fall within Fee Levels L1-L6 on the Child Care Assistance Gross Monthly Income Eligibility Chart & Fee Schedule (CC-229) form (refer to Exhibit M). The Child Care Specialist shall:

- a. Determine the family size (refer to **Family Size Determination** for further instruction on determining members included in family size). Locate the family size on the left column of the fee schedule;
- b. Determine gross countable income for the family (refer to **Countable Income** and **Exclusions from Gross Monthly Income** in the **Income Eligibility** section to determine what is considered included and excluded income for the family);
- c. Compute the monthly gross income for the family (refer to **Income Calculation** for instruction on how to calculate gross monthly income);
- d. Locate the income amount in the appropriate column on the fee schedule on the line corresponding to family size;
- e. Determine the family's required fee level based on the income range the monthly gross income is within.

- i. Fee Level 1

If the monthly gross income is within the income range specified in column 1, corresponding to the appropriate family size, the fee level assigned will be Fee Level 1 (L1).

- ii. Fee Level 2

If the monthly gross income is within the income range specified in column 2, corresponding to the appropriate family size, the fee level assigned will be Fee Level 2 (L2).

iii. Fee Level 3

If the monthly gross income is within the income range specified in column 3, corresponding to the appropriate family size, the fee level assigned will be Fee Level 3 (L3).

iv. Fee Level 4

If the monthly gross income is within the income range specified in column 4, corresponding to the appropriate family size, the fee level assigned will be Fee Level 4 (L4).

v. Fee Level 5

If the monthly gross income is within the income range specified in column 5, corresponding to the appropriate family size, the fee level assigned will be Fee Level 5 (L5).

vi. Fee Level 6

If the monthly gross income is within the income range specified in column 6, corresponding to the appropriate family size, the fee level assigned will be Fee Level 6 (L6).

EXHIBIT M: (For Income Eligibility Determined 7/1/05 or later)

***To view the *Child Care Assistance Gross Monthly Eligibility Chart And Fee Schedule* (CC-229) click on the link below.**

<http://www.azdes.gov/childcare/pdf/CC-229-2005.pdf>

4. Copayment/ Fee Level Assignment

The Specialist shall assign a copayment to families who are eligible for programs that require a DES required copayment. The assigned copayment is based on income and family size. The Specialist shall determine the family copayment amount based on the fee level that the family is determined eligible for. See below for copayment amounts assigned for each fee level.

- f. Assignment of copayment amount is as follows:

TABLE 17:
COPAYMENT/FEE LEVEL AMOUNT TABLE

| | Fee Level 1 (L1) | Fee Level 2 (L2) | Fee Level 3 (L3) | Fee Level 4 (L4) | Fee Level 5 (L5) | Fee Level 6 (L6) |
|----------------------|---------------------------------------|--|--|--|--|---|
| 1st child in care | full day = \$1.00 part day = \$.50 | full day = \$2.00 part day = \$1.00 | full day = \$3.00 part day = \$1.50 | full day = \$5.00 part day = \$2.50 | full day = \$7.00 part day = \$3.50 | full day = \$10.00 part day = \$5.00 |
| 2nd child in care | full day = \$.50 part day = \$.25 | full day = \$1.00 part day = \$.50 | full day = \$1.50 part day = \$.75 | full day = \$2.50 part day = \$1.25 | full day = \$3.50 part day = \$1.75 | full day = \$5.00 part day = \$2.50 |
| 3rd child in care | full day = \$.50 part day = \$.25 | full day = \$1.00 part day = \$.50 | full day = \$1.50 part day = \$.75 | full day = \$2.50 part day = \$1.25 | full day = \$3.50 part day = \$1.75 | full day = \$5.00 part day = \$2.50 |

- i. The youngest child in care shall be assigned the largest copayment amount;
 - ii. The next two older children in care (if applicable) shall be assigned the lesser copayment amount;
 - iii. Any additional children in care (if applicable) will be exempt from the copayment requirement. Families with more than three children will pay the rate determined for three children. No copayment is required beyond the third child.
- b. Copayment assignment when more than one provider is used

Copayments shall be assigned in the following manner:

- i. If a child uses more than one child care provider and uses each provider on different days, the Specialist shall authorize the appropriate number of days for each provider and assign a copayment to each provider.
- ii. If a child uses more than one provider on the same day, the Specialist shall authorize a copayment at each provider. There is no exemption of the required copayment when more than one provider is being used.

EXAMPLE:

Client works two jobs. She has a 9 to 5 day job and also moonlights as a waitress from 8 p.m. to midnight. She works Monday through Friday at both jobs and uses two providers: one for days and the other for evenings.

In this situation, both providers would collect the copayment each day.

c. Authorizing Copayment/Fee Level

i. Child Care Categories *WITH* a DES Required Copayment

Families eligible for Transitional Child Care, Block Grant/Work, or Block Grant/Teen Parents are required to pay a copayment for up to three children per family. Families with three children will pay the rate determined for each of the three children. No copayment is required beyond the third child.

- a) The Specialist shall enter the appropriate Fee Level (L1-L6) on the *AzCCATS Household Eligibility Add/Update* (CP21) screen in the ***Fee Level*** field;
- b) The Specialist shall enter the Fee Level dollar amount for each child on the *AzCCATS Purchase Service Add/Update* (CP08) screen in the ***'D'*** and ***'L'*** ***Copay*** fields;
- c) When authorizing services for families with more than 3 children needing care, the Specialist shall enter an ***X*** in the ***Exempt Code*** field for any child beyond the third authorized child.

ii. Child Care Categories *WITHOUT* a DES Required Copayment

Families eligible for Jobs Child Care, AFDC Employed Child Care, and Block Grant/Protective Services are exempt from the DES required copayment.

- a) The Specialist shall leave the ***Fee Level*** field blank on the AzCCATS *Household Eligibility Add/Update* (CP21) screen;
- b) The Specialist shall leave the ***‘D’ Copay*** and ***‘L’ Copay*** fields blank on the AzCCATS *Purchase Service Add/Update* (CP08) screen for all children authorized.

5. Treatment of Applicants Who Are Eligible at Fee Levels L5 or L6.

Sometimes when families are eligible at fee levels L5 or L6, the DES required copayment per child can be equal to or greater than the DES payment rate. This means that no payment will be made for a child whose copayment is equal to or greater than the DES payment rate (because the family is responsible to pay the required copayment amount per child to the provider) and that the family is in an “eligible/no pay” status. The Specialist shall refer to ***Elig/No Pay Status*** in the ***Authorization of Child Care Assistance*** section for more instruction on locating the DES payment rate and the calculation required to make this determination.

Note: Families may withdraw their application for Child Care Assistance if they elect not to maintain their eligibility while in an “eligible/no pay” status.

a. “Eligible/No Pay” Status

When the DES required copayment per child is equal to or greater than the DES payment rate and no payment is made to the provider, the family is considered to be in an “eligible no/pay” status. This means that the family is eligible for Child Care Assistance, but due to the copayment amount and the provider chosen, the provider is not receiving payment for child care services. The child care case will remain in an open status and the Specialist shall continue to monitor the family’s eligibility.

b. When the DES Required Copayment is Less Than the DES Payment Rate

- i. If the DES required copayment for full and/or part days is less than the DES payment rate, DES will pay the difference between the copayment amount and the DES payment rate;
- ii. The Specialist shall refer to ***Elig/No Pay Status*** in the ***Authorization of Child Care Assistance*** section for more instruction on required completion of AzCCATS screens.

Example: If the provider charges \$18 for a full day of care and the copayment amount for one child is \$10 for a full day of care, DES will pay the provider \$8 per full day for that child.

c. When the DES Required Copayment is Greater Than or Equal to the DES Payment Rate

- i. If the DES required copayment for full and/or part days for an individual child is greater than or equal to the DES payment rate, no DES payment will be made for that child;
- ii. The Specialist shall refer to *Elig/No Pay Status* in the *Authorization of Child Care Assistance* section for more instruction on required completion of AzCCATS screens.

Example: If the provider charges \$9 per day and the copayment amount for one child is \$10 per day, DES will not make a payment for that child.

d. When No DES Payment Would Be Made to the Provider for Full Days, while a DES Payment Would Be Made for Part Days Only

- i. If only the full days payment rate is less than or equal to the DES required copayment, no payment would be made for full days, while payment would be made for part days;
- ii. The Specialist shall refer to *Elig/No Pay Status* in the *Authorization of Child Care Assistance* section for more instruction on required completion of AzCCATS screens.

Example: If the provider charges \$9 for a full day of care and \$7 for a part day of care and the copayment is \$10 for a full day and \$5 for a part day, this means that DES will not make a payment for full days, but will make a payment for part days.

e. When There is More Than One Child Needing Care

- i. If there is more than one child needing care, then the copayment amount may be less than the provider payment amount for the additional children (refer to *Elig/No Pay Status* in the *Authorization of Child Care Assistance* section for more instruction on locating the DES payment rate and the calculation required to make this determination).
- ii. The Specialist shall refer to *Elig/No Pay Status* in the *Authorization of Child Care Assistance* section for more instruction on required completion of AzCCATS screens.

Example: If the provider charges \$9 per day, and the copayment amount for the second and third child is \$5 per day, DES will pay \$4 per day for second and third children. For the fourth child, DES would pay \$9 per day (since there is no DES required copayment beyond the third child).

f. Authorizing Child Care Assistance for families in an “Eligible/No Pay” status

When no payment is made to the provider for full *and* part days for *all children* in the family needing care, the Specialist shall:

- i. Process all AzCCATS screens up to and including the AzCCATS *Household Eligibility Add/Update* (CP21) screen (refer to ***Eligible/No Pay” Status*** in the ***Authorization of Child Care Assistance*** section for instruction on determining if an authorization shall be completed on the AzCCATS CP08 screen); and
- ii. ***Not*** authorize Child Care Assistance on the AzCCATS *Purchase Service Add/Update* (CP08) screen for cases in an “eligible /no pay” status for all children needing care.

6. Copayment/Fee Level Changes

- a. Copayment/fee level shall be recomputed at any point in the eligibility period based on client request or if determined necessary by the Specialist, but no later than the 6 month case review date. The client must be notified of any changes in copayment/fee level.
- b. If it is determined that the family will have an **increase in their copayment/fee level**, the family shall be given a minimum of 10 days advance notice of the action. The change will be effective the first day of the month following the expiration of the 10 day notice.
- c. If it is determined that the family will have a **decrease in copayment/fee level**, the change will be effective the date verification is received (adequate notice is required, but 10 day advance notice to the client is ***not*** required before the change becomes effective).
- d. The Specialist shall:
 - i. Update the AzCCATS *Household Eligibility Add/Update* (CP21) screen to reflect the copayment/fee level change;

- ii. Update the AzCCATS *Purchase Service Add/Update* (CP08) screen to reflect the change in assigned copayment/fee level;
 - iii. Send the Notice of Change (CC-503) indicating the reason for the change, the new copayment/fee level amount and the effective date of the change; and
 - iv. Screen print the AzCCATS *Purchase Service Display* (CP13) screen, for each child authorized and place in the case file.
- e. The system generated *Certificate of Authorization* notice will be sent to the provider and the client.

7. Collection of the Family Copayment

- a. The provider will collect the family's copayment.
- b. The provider will bill the Department for the difference between the rates contained in the registration agreement, the amount of the copayment that should have been collected, and discounts, if applicable.

8. Nonpayment of Copayment

The provider will report to the Child Care Specialist via the Unpaid Copayment Worksheet (CCA-1021A) when the family has not paid the copayment and satisfactory arrangements have not been made for collection.

- a. Notification to Specialist
 - i. The child care provider will notify the appropriate Specialist when families have not paid or made satisfactory arrangements to pay the copayment by using the Unpaid Copayment Worksheet (CCA-1021A).
 - a) Providers will be required to document the unpaid copayment on the Unpaid Copayment Worksheet (CCA-1021A); and
 - b) Providers will also be required to submit the completed Agreement For Additional Child Care Charges (CC-208) form along with each Unpaid Copayment Worksheet (CCA-1021A) form submitted. (This change is effective 7/1/03).
 - ii. Providers are informed through the CCA Provider Relations Unit that:
 - a) A copayment problem must exist for at least 2 weeks prior to notification to the Specialist (unless the client is no longer using that provider); and

- b) Resolution of copayment problems will only be attempted for periods of up to 6 months prior to the date Unpaid Copayment Worksheet (CCA-1021A) form is date stamped as received by the local child care office.

- 1) The Specialist shall attempt copayment resolution on outstanding copayment balances that accrued within 6 months prior to the date of receipt of the Unpaid Copayment Worksheet (CCA-1021A);
- 2) The Specialist shall NOT attempt resolution for any portion of the outstanding copayment balance that accrued more than 6 months prior to the date of receipt of the Unpaid Copayment Worksheet (CCA-1021A).

Example: The Specialist receives the Unpaid Copayment Worksheet (CCA-1021) on 2/15/99, which states that the copayment problem existed for the time period of 7/1/98-1/31/99. The Specialist would attempt resolution of the copayment problem from 8/15/98 through 1/31/99, since this period of time is within 6 months from the reporting date. However, the Specialist will not attempt resolution of the copayment problem from 7/1/98 through 8/14/98 since this period of time is more than 6 months from the reporting date.

- iii. If a provider contacts the Specialist indicating a need for the Unpaid Copayment Worksheet (CCA-1021A) form, inform the provider that the form is available on the Child Care Administration Web Page. If the provider does not have internet access (or does not have a printer) the Specialist shall mail the form to the provider.
- iv. If the Specialist receives an incomplete Unpaid Copayment Worksheet (CCA-1021A) form from the provider, the Specialist shall contact the provider, and through dialogue with the provider, shall assist in completion of the form.
- v. When the provider reports to the Specialist via the Unpaid Copayment Worksheet (CCA-1021A) that a client has not paid the copayment and that satisfactory arrangements have not been made for collection, the Specialist shall:
 - a) Contact the child care provider within 5 working days to verify that the Unpaid Copayment Worksheet (CCA-1021A) was accurately completed; the form should reflect that the amount of the unpaid balance is the DES required copayment (and not solely additional charges) and that satisfactory arrangements have not been made;
 - b) Fill out the lower portion of the form through dialogue with the provider;

- c) Ask the provider the amount of copayment owed by the client for each child for the period of time in question;
- d) Ask the provider the amount of additional/other charges owed by the client for each child for the period of time in question;
- e) Ask the provider the total amount of payment made by the client on the above charges:
 - 1) If the client has paid an amount to the provider (since the effective date of the nonpayment of copayment problem as reported by the provider on the Unpaid Copayment Worksheet [CCA-1021A]) that equals or exceeds the actual amount of copayment owed, a nonpayment of copayment issue does not exist and the Specialist shall:
 - (a) Disregard the steps in the remainder of this section and document the case file accordingly;
 - (b) Inform the provider that CCA does not enforce nonpayment of additional charges;
 - (c) Indicate that since the client has already paid an amount that is equal to or greater than the total copayment owed, the copayment problem is resolved; and
 - (d) Indicate that the provider is free to pursue other means at their disposal to collect any outstanding debt for additional charges (as would be the case with private paying customers).
 - 2) If the client has not already paid an amount to the provider that equals or exceeds the actual amount of copayment owed, the Specialist shall follow the instructions in the ***Negative Action Requirement*** section below.

b. Negative Action Requirement

The Specialist shall take 30 day negative action on the client's child care case *only* when notification is received from the provider that a copayment problem exists, and the Specialist has determined through dialogue with the provider that the outstanding balance owed by the client is copayment. The Specialist shall:

- i. Send the family the Notice of Action (CC-502) using the "Fail Pay Copay" notice selection and the "Comments" section to state that the family will have 30 days after the date the notice is sent, to pay back the unpaid copayments or to make satisfactory arrangements for payment with the provider. (Indicate the

name of the provider who submitted the Unpaid Copayment Worksheet [CCA-1021A] in the comments);

- ii. Shorten the child care service authorization on the AzCCATS CP08A screen to reflect the case closure date as indicated in the Notice of Action (CC-502):
 - a) The Specialist shall notify the client and provider(s) when Child Care Assistance is being stopped by generating an updated "Certificate of Authorization Notice";
 - b) The AzCCATS "Certificate of Authorization Notice" will be automatically generated to the client and provider when the service authorization is shortened on the AzCCATS CP08A screen.
- iii. Access the AzCCATS *Applicant/Responsible Person* (AP30) screen:
 - a) Place an "X" in the *Update* field and press <ENTER>.
 - b) Enter **PR** (provider reported) code in the *Status* field;
 - c) The date the provider was contacted to verify the nonpayment of copayment problem in the *Provider Contact Date* field;
 - d) The Provider ID for the Provider who reported the nonpayment in the *Provider ID* field; and
 - e) The co-payment amount (in dollars and cents) that remains outstanding (as determined through dialogue with the Provider) in the *Amount* field;
 - f) Press <ENTER>. A message will display, "Applicant Info Updated".
 - g) Press <ENTER> again.
- iv. The **PR** code entered on the AP30 creates a message on the *Primary Address and Request/Application Processing* (AP10) screen that alerts Specialists that a nonpayment of copayment problem exists. The message appears when the AP10 screen is accessed (if a copayment problem exists).
- v. The AzCCATS AP30 screen shall remain in an "O" (open) status until the copayment problem has been resolved or satisfactory arrangements have been made for collection.

***NOTE:** It is not necessary to close the status of all of the additional on the *Household Add/Update* (AP32) screen because doing so will create a stop drawer record. They are to remain in an open status along with the primary.

- vi. Contact the provider for verification that satisfactory arrangements have been made to pay the copayments or that the copayments on the Unpaid Copayment Worksheet (CCA-1021A) have been paid, no later than the thirtieth day from the date notification was sent to the client.

c. When the Client Resolves the Nonpayment of Copayment Problem Within 30 Days

When the Specialist verifies with the provider that the client has made satisfactory arrangements for payment with the provider within 30 days, the Specialist shall:

- i. Access the AzCCATS *Applicant/Responsible Person* (AP30) screen;
- ii. Place an “X” in the *Update* field and press <ENTER>;
- iii. Key in the date that the client paid the back copayment or made satisfactory arrangements to pay the back copayment in the *Resolved Date* field and press <ENTER>;
- iv. A message will display, “Applicant Info Updated”.
- v. AzCCATS will automatically remove the **PR** code (for provider reported) when a resolution date is entered into the *Resolved Date* field on the AzCCATS AP30 screen;
- vi. Reauthorize services to reflect current eligibility;
- vii. Send the client the Notice of Change (CC-503) notifying the client of the service authorization amount and that services will be continued; and
- viii. Verbally notify the provider of the change to the authorization.

d. When the Client **Does Not** Resolve the Nonpayment of Copayment Problem Within 30 Days

When the Specialist verifies with the provider that the client has **not** made satisfactory arrangements for payment with the provider within 30 days, the Specialist shall:

- i. Ensure that Child Care Services are terminated in AzCCATS if the provider states that satisfactory arrangements have not been made within 30 days;
- ii. End the Household Eligibility on the AzCCATS *Household Eligibility Add/Update* (CP21) screen. The Specialist shall enter **TL** in the *End Reason* field.

- a) When the Specialist enters a **TL** code in the *End Reason* field on the CP21 screen, the **PR** code previously entered in the *Status* field on the AP30 screen will automatically change to a **BD** (benefits denied) code and the End Date entered on the CP21 will display in the *Benefits Deny Dt* field.
 - b) The **BD** code is an indicator that the eligibility was ended for a nonpayment of copayment reason.
 - iii. The AzCCATS *Household Eligibility Add/Update* (CP21) screen will not allow eligibility codes for child care eligibilities with copayments (BW, BT, BU, TC) to be processed when a copayment problem remains unresolved on the AP30 screen.
 - iv. AzCCATS will not allow the Specialist to close the AP30 screen by entering a “Z” in the *Primary Status* field when a **PR** or **BD** code is displayed in the *Co-Pay Status* field; this makes it possible to track cases in AzCCATS with nonpayment of copayment problems (even after the eligibility has been ended on the CP21 screen) when a copayment problem remains unresolved.
- e. Request for Appeal
- i. The family may request a hearing to appeal a closure for nonpayment of copayment within 10 days following the mailing date of the 30 day Notice of Action.
 - ii. If the client requests the hearing within 10 days following the mailing date of the 30 day Notice of Action terminating Child Care Assistance, assistance may continue (at client request) pending the outcome of the hearing (refer to *Fair Hearings/Appeals* for detailed instructions on the appeals process).
- f. Continuing Family Ineligibility
- The family will remain ineligible for all programs with a DES required copayment until back copayments are paid or satisfactory arrangements for payment have been made with the provider.
- g. Reapplication After Termination Due To Nonpayment Of Copayment
- i. The family will be eligible for all programs with a DES required copayment when all back copayments are paid or satisfactory arrangements for payment have been made with the provider (and all other eligibility criteria are met).
 - ii. When the family reapplies for Child Care Assistance after their case was closed for a nonpayment of copayment problem, and the family *is* eligible for a program *without* a DES required copayment, the Specialist shall:

- a) Leave the **BD** code in the *Status* field on the AzCCATS AP30 screen to allow the AzCCATS system to identify that a nonpayment of copayment problem still exists;
 - b) Verify all eligibility criteria to determine eligibility for the child care program *without* a DES required copayment (refer to the program specific sections for eligibility requirements for each program);
 - c) Process the AP32 and CP21 screens as appropriate;
 - d) Authorize child care services (if the family meets all eligibility criteria) on the AzCCATS CP08 screen to reflect current eligibility;
 - e) Send the client the Approval Notice (CC-501) notifying the client that services are approved and of the service authorization amount;
 - f) Follow the instructions in “**iii.**” below if the client later becomes eligible for a child care program *with* a DES required copayment (to determine if the client has resolved the copayment problem).
- iii.** When the family reapplies for Child Care Assistance after their case was closed for a nonpayment of copayment problem, and the family *is* eligible for a program that requires a DES required copayment (and is *not* eligible for a program that *does not* require a DES required copayment), the Specialist shall:
- a) Contact the provider to determine if the client paid back copayments or made satisfactory arrangements to pay the back copayment;
 - b) If the provider verifies that the client paid back copayments or made satisfactory arrangements to pay the back copayment amount, the Specialist shall:
 - 1) Register the application on the AP10 screen and request any required verification;
 - 2) Access the AzCCATS *Applicant/Responsible Person* (AP30) screen;
 - 3) Place an “**X**” in the *Update* field and press <**ENTER**>; and
 - 4) Enter the date that the client paid the back copayments or made satisfactory arrangements to pay the back copayment in the **Resolved Date** field and press <**ENTER**>.
 - 5) A message will display, “Applicant Info Updated”;
 - 6) Press <**ENTER**> again to continue.

- 7) AzCCATS will automatically remove the **BD** code when the resolution date is entered into the ***Resolved Date*** field on the AzCCATS AP30 screen;
 - 8) If all required verification is received process the AP32 and CP21 screens as appropriate;
 - 9) Authorize child care services (if the family meets all eligibility criteria) on the AzCCATS CP08 screen to reflect current eligibility; and
 - 10) Send the client the Approval Notice (CC-501) notifying the client that services are approved and of the service authorization amount.
- c) If the provider verifies that the client ***has not*** paid back copayments or made satisfactory arrangements to pay the back copayment and the client is eligible for a program that requires a copayment (the family is *not eligible* for a child care program *without* a DES required copayment), the Specialist shall:
- 1) Review the Notice(s) Of Action in the *Case Notebook System* to ensure that 30 day negative action requirements were followed prior to termination;
 - 2) Deny the application (if 30 day negative action requirements were followed prior to termination); and
 - 3) Send the client the Child Care Notice of Denial (CC-102) to notify the family of ineligibility.
- d) When the provider verifies that the client has not resolved the nonpayment of copayment problem ***and*** 30 day negative action requirements were NOT followed prior to case closure (e.g. the provider reported the nonpayment of copayment problem after the case was closed), the Specialist shall pend the application and shall allow the client 30 days to resolve the nonpayment of copayment problem as described in the ***When the Nonpayment of Copayment Problem is Reported on a Closed Case*** section below.

h. When the Nonpayment of Copayment Problem is Reported on a Closed Case

When the provider reports to the Specialist that a nonpayment of copayment problem exists for a client whose case is closed, the Specialist shall:

- i.** Contact the child care provider within 5 working days to verify that the Unpaid Copayment Worksheet (CCA-1021A) was accurately completed; the form should reflect that the amount of the unpaid balance is the DES required copayment (and not solely additional charges) and that satisfactory arrangements have not been made;
- ii.** Fill out the lower portion of the form through dialogue with the provider;
- iii.** Ask the provider the amount of copayment owed by the client for each child for the period of time in question;
- iv.** Ask the provider the amount of additional/other charges owed by the client for each child for the period of time in question;
- v.** Ask the provider the total amount of payment made by the client on the above charges;
 - a)** If the client has paid an amount to the provider that equals or exceeds the actual amount of copayment owed, a nonpayment of copayment issue does not exist and the Specialist shall:
 - 1)** Disregard the steps in the remainder of this section and document the case file accordingly;
 - 2)** Inform the provider that CCA does not enforce payment of additional charges;
 - 3)** Indicate that since the client has already paid an amount that is equal to or greater than the total copayment owed, the copayment problem is considered resolved; and
 - 4)** Indicate that the provider is free to pursue other means at their disposal to collect any outstanding debt for additional charges (as would be the case with private paying customers).
 - b)** If the client has not already paid an amount to the provider that equals or exceeds the actual amount of copayment owed, the Specialist shall:
 - 1)** Place the Unpaid Copayment Worksheet (CCA-1021A) in the case file;

- 2) Place an “X” in the *Update* field and press <ENTER>.
- 3) Open the client on the AzCCATS AP30 screen by entering an “O” code in the Primary *Status* field;
- 4) Enter a **PR** code in the Copayment *Status* field;
- 5) Enter the date the provider was contacted to verify the nonpayment of copayment problem in the *Provider Contact Date* field;
- 6) Enter the provider ID of the provider who reported the copayment problem in the *Provider ID* field; and
- 7) Enter the amount of the unpaid copayments (in dollars and cents) in the *Amount* field.
- 8) Document the Case Action Summary (CC-047) that a nonpayment of copayment problem exists.

NOTE: The *Provider ID* field on the AP30 will only allow one provider ID entry. If additional providers report nonpayment of copayments, document the Case Action Summary (CC-047) with the name and ID of the provider(s), the date of provider contact and the amount of the unpaid copayments for the additional provider(s). Do NOT combine unpaid copayment totals from multiple providers in the *Amount* field on the AP30 screen.

- vi. If the family reapplies for Child Care Assistance at a later date and is eligible for a child care program *without* a DES required copayment, the Specialist shall:
 - a) Leave the **PR** code in the Copayment *Status Date* field on the AzCCATS AP30 screen as an alert that a nonpayment of copayment problem exists;
 - b) Verify all eligibility criteria to determine eligibility for the child care program *without* a DES required copayment (refer to the program specific sections for eligibility requirements for each program);
 - c) Authorize child care services (if the family meets all eligibility criteria) on the AzCCATS CP08 screen to reflect current eligibility;
 - d) Send the client the Approval Notice (CC-501) notifying the client that services are approved and of the service authorization amount; and

- e) Follow the instructions in “**vii.**” below if the client later becomes eligible for a child care program *with* a DES required copayment (to determine if the client has resolved the copayment problem).
- vii. If the client reapplies for Child Care Assistance at a later date and is eligible for a child care program *with* a DES required copayment, the Specialist shall pend the application and shall allow the family 30 days to resolve the nonpayment of copayment problem. The Specialist shall:
 - a) Send an *Initial Information Request* (CC-100) using the “Other” notice selection and “Comments” to ask the client to resolve the nonpayment of copayment issue within 30 days from the application date;
 - b) Contact the provider by the 30 day deadline to determine if the issue has been resolved;
 - c) If the nonpayment of copayment issue has been resolved:
 - 1) Key in the date that the client paid the back copayments or made satisfactory arrangements to pay the back copayments in the *Resolved Date* field on the AP30; then press <ENTER>; and
 - 2) Proceed with the eligibility determination.
 - d) If the nonpayment of copayment issue has *not* been resolved by the 30 day deadline:
 - 1) Allow AzCCATS to deny the application 30 days from the application date; and
 - 2) Leave the **PR** code in the *Status Date* field so that AzCCATS will continue to track the nonpayment of copayment problem on the AzCCATS AP30 screen.
- i. When the nonpayment of copayment problem exists and the child care provider is no longer in business

When the nonpayment of copayment problem exists and the child care provider is no longer in business, the Specialist shall contact the CCA contracts unit to verify that the provider is no longer in existence (and is not conducting business under a different name). If the provider is:

- i. No longer in business (and is not conducting business under a different name), the nonpayment of copayment problem no longer exists;

- ii. Conducting business under a different name, the nonpayment of copayment problem still exists and the client must resolve the copayment problem with the provider.